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Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Substitute for Form 1449/PTO <h2 style="text-align: center; margin: 0;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h2> <p style="text-align: center; margin: 0;"><i>(use as many sheets as necessary)</i></p>			Complete if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/989,898</td> </tr> <tr> <td>Filing Date</td> <td>11/19/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Laurence M.C. Lai</td> </tr> <tr> <td>Group Art Unit</td> <td>1765</td> </tr> <tr> <td>Examiner Name</td> <td>Alanko, Anita Karen</td> </tr> <tr> <td>Attorney Docket No.</td> <td>R029 1539US</td> </tr> </table>		Application Number	09/989,898	Filing Date	11/19/2001	First Named Inventor	Laurence M.C. Lai	Group Art Unit	1765	Examiner Name	Alanko, Anita Karen	Attorney Docket No.	R029 1539US
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Sheet	1	of	1													

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Examiner Signature	/Anita Alanko/	Date Considered	06/08/2008
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